

Walk Register

<b>Somerset District:</b>		<b>Location of Walk:</b>	
<b>Date/Time:</b>		<b>Leader(s):</b>	
<b>Walk Duration:</b>		<b>Conditions/Comments:</b>	

	<b>Name</b>	<b>Are you a new walker? (Y/N)</b>	<b>Have you completed the Health Commitment Statement? (Y/N)</b>	<b>Tick to confirm you will notify the Walk Leader of any emergency medication you may require and where this will be kept on your person whilst you walk</b>
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